

# EXHIBIT B

# CORRECTIONAL MEDICAL SERVICES

## MEDICAL RESTRICTIONS

INSTITUTION

SNELL, EMORY

NAME

W-59191

ID #

D.O.B.

2/14/97

DATE

TO:

UNIT TEAM WWSU  
(D.O.C. DESIGNEE)

The above named inmate has been determined to have the following needs/restrictions due to a current medical condition:

TYPE	DATE	(FROM)	TO
NO WORK STATUS			
LIGHT WORK STATUS			
BOTTOM BUNK			
NON-SMOKING ROOMMATE			
OTHER (DESCRIBE BELOW)			
BACK BRACE (FROM PROPERTY) - INDEFINITE			

### TRANSPORTATION RESTRICTIONS

NO WAISTCHAINS  
NO HANDCUFFS  
NO ANKLE RESTRAINTS  
VEHICLE WITH CAR SEATS

### MEDICAL REASON:

ARTHRITIS LOWER BACK

SUBMITTED BY:

KHANO M.D.  
MD/PAINP

APPROVED BY:

HSA

int to wing in int